

TB Control Program Incident Alert



Instructions:

Please call 517-335-8165 within **24 hours** and send this report to MDCH TB control program via fax 517-335-8263 for all TB cases/incidents that potentially have extended contacts in **congregate settings** (e.g. day care, school, college, nursing home, hospital, correctional facility, airplane, worksite or other public gathering places). These incidents may generate media interest and therefore prompt reporting is crucial.

Local Jurisdiction Contact Person										
NAME:					TITLE:					
PHONE NUMBER:					EMAIL:					
Report Information										
DATE OF REPORT:					CITY OF INCIDENT:					
REPORTING COUNTY:					PATIENT COUNTY OF RESIDENCE:					
Case/Suspect Patient Information										
PATIENT NAME:					DOB:		SEX	M	F	
WAS CASE REPORTED TO MDCH		YES		NO		Report Date:				
TUBERCULIN SKIN TEST (TST)		Date Placed:		Date Read:		Result (mm):				
QUANTIFERON TEST		POS		NEG		Result Comments:				
		INDETERMINATE								
SPECIMEN TYPE:					Date Collected:					
AFB FOUND (SMEAR POSITIVE)		YES		NO		Result Comments:				
GENETIC PROBE POSITIVE (MTD)		YES		NO		Result Comments:				
AFB CULTURE (INDICATES M. TB)		YES		NO		Result Comments:				
CHEST X-RAY		Date Taken:		Cavitations Present		YES		NO		
PATIENT SIGNS/SYMPTOMS:					Onset Date:					
TREATMENT		Start Date:		Regimen:						
IS PATIENT HOSPITALIZED		YES		NO		IS PATIENT DECEASED		YES		NO

DIAGNOSED AT DEATH	YES	NO	WAS TB CAUSE OF DEATH	YES	NO
Facility Type (Please mark with X all that apply)		Facility Name and Location			
DAY CARE					
SCHOOL					
COLLEGE					
WORKPLACE					
OFFICE					
NURSING HOME					
HOSPITAL					
CORRECTIONAL FACILITY					
AIRPLANE OF PUBLIC TRANSPORTATION					
OTHER PUBLIC GATHERING PLACE					
PLEASE DESCRIBE ENVIRONMENT OF LOCATIONS SPECIFIED					
ESTIMATED NUMBER OF PERSONS EXPOSED:					
Timeline for Screening					
FAMILY MEMBERS					
FRIENDS					
CO-WORKERS					
OTHERS (EXPLAIN)					
OTHER RELEVANT INFORMATION (i.e. Case or contact TB risk factors):					

ACTION PLAN

HAS THERE BEEN MEDIA INVOLVEMENT?	YES	NO
NAME OF SOURCE:		
MEDIA CONTACT PERSON (IF KNOWN):		TITLE:
PHONE NUMBER:		EMAIL: